


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>098000072503</u>			
1. Corporation Name <u>CARING HEARTS ASSISTED LIVING, INC.</u> <u>P.O. BOX 951857</u> <u>LAKE MARY, FLORIDA 32795</u>			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. <u>SAME</u>		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>08/17/1998</u>		5. FEI Number <u>59-3540770</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>VINCENT A. ACCARDI, JR.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>908 FLORIDA BLVD.</u>			
Suite, Apt. #, Etc.			
City <u>ALTAMONTE SPRINGS, FL.</u>		State <u>FL</u>	Zip Code <u>32701</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>Vincent A. Accardi</u>		Date <u>11/20/01</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES.</u>	<u>VINCENT A. ACCARDI, JR.</u>	<u>908 FLORIDA BLVD.</u>	<u>ALTAMONTE SPRINGS, FLORIDA 32701</u>
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(c), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>Vincent A. Accardi</u>		Date <u>11/20/01</u>	Daytime Phone # <u>407-948-6214</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

**Norbert N. Young**  
Certified Public Accountant  
25 South Magnolia  
Orlando, Florida 32801  
(407) 422-1530

October 30, 2001

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

RE: Caring Hearts Assisted Living, Inc. #P98000072503  
EIN # 59-3540770

Gentlemen,

It has come to our attention that above referenced annual report was not filed by the above referenced corporation. Included please find a copy of the annual report as well as a check in the amount of \$150.00 for the annual filing fee. We are respectfully requesting to pay the original filing fee amount instead of the delinquent fee amount due to reasonable cause as follows:

- (1) The company's president and sole shareholder was out of the country for most of the first three quarters of 2001 and evidently did not receive the notices.
- (2) The company is a small start up business in the assisted living market and cannot afford this large additional amount due.
- (3) As soon as the corporation realized the corporation had been dissolved they immediately contacted an accountant, prepared the form, and sent the original amount due.
- (4) We spoke with Marie at your offices and she informed us that we should attach this statement to our report for your review.

Thank you very much for your anticipated cooperation and kind consideration of this matter. As always feel free to contact us with any questions or comments concerning this or any other matter.

Very truly yours,

*Norbert N. Young CPA*  
Norbert N. Young, CPA

Vincent Accardi, President Caring Hearts Assisted Living, Inc.